

**California In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form  
Statewide, County and Hospital of Occurrence by Infant Race/Ethnicity: 2004**

	State/County/Facility Name	Infant Race/Ethnicity	Total Known Feeding	Any Breastfeeding	Exclusive Breastfeeding	% Any Breastfeeding	% Exclusive Breastfeeding
State	CALIFORNIA	African-American	26,141	18,314	7,981	70.1	30.5
State	CALIFORNIA	American Indian	542	415	249	76.6	45.9
State	CALIFORNIA	Asian	43,553	36,557	17,422	83.9	40.0
State	CALIFORNIA	Hispanic	270,248	225,842	78,303	83.6	29.0
State	CALIFORNIA	Multi-Race/Other	31,438	26,345	16,127	83.8	51.3
State	CALIFORNIA	Pacific Islander	788	538	216	68.3	27.4
State	CALIFORNIA	White	144,335	125,905	89,126	87.2	61.8
State	CALIFORNIA	Missing	4,514	3,537	2,014	78.4	44.6
State	CALIFORNIA	<b>TOTAL</b>	521,559	437,453	211,438	83.9	40.5
County	HUMBOLDT	American Indian	58	49	31	84.5	53.5
County	HUMBOLDT	Hispanic	215	204	110	94.9	51.2
County	HUMBOLDT	Multi-Race/Other	208	189	119	90.9	57.2
County	HUMBOLDT	White	865	790	607	91.3	70.2
County	HUMBOLDT	<b>TOTAL</b>	1,387	1,266	891	91.3	64.2
Facility	MAD RIVER COMMUNITY HOSPITAL	Hispanic	49	48	27	98.0	55.1
Facility	MAD RIVER COMMUNITY HOSPITAL	Multi-Race/Other	54	50	36	92.6	66.7
Facility	MAD RIVER COMMUNITY HOSPITAL	White	280	268	233	95.7	83.2
Facility	MAD RIVER COMMUNITY HOSPITAL	<b>TOTAL</b>	422	402	323	95.3	76.5
Facility	REDWOOD MEMORIAL HOSPITAL	Hispanic	84	80	38	95.2	45.2
Facility	REDWOOD MEMORIAL HOSPITAL	Multi-Race/Other	38	35	23	92.1	60.5
Facility	REDWOOD MEMORIAL HOSPITAL	White	208	187	142	89.9	68.3
Facility	REDWOOD MEMORIAL HOSPITAL	<b>TOTAL</b>	336	307	204	91.4	60.7
Facility	ST JOSEPH HOSPITAL	American Indian	32	27	17	84.4	*
Facility	ST JOSEPH HOSPITAL	Hispanic	82	76	45	92.7	54.9
Facility	ST JOSEPH HOSPITAL	Multi-Race/Other	116	104	60	89.7	51.7
Facility	ST JOSEPH HOSPITAL	White	374	332	229	88.8	61.2
Facility	ST JOSEPH HOSPITAL	<b>TOTAL</b>	626	554	361	88.5	57.7

Data Source: Genetic Disease Branch, Newborn Screening Data, 2004

Note 1: Data shown only for facilities listed as 'Regular Maternity', 'Kaiser', 'Alternative Birth Center', 'Pediatric', and 'Military' in the newborn screening database.

Note 2: Infant race/ethnicity is based upon mother and father race/ethnicity as recorded on the birth certificate.

Note 3: Data for facilities and counties with fewer than 25 total births with known type of feeding are not shown.

Note 4: Percents of any and exclusive breastfeeding are not shown for fewer than 20 events.

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Note 5: Numbers of any and exclusive breastfeeding are not shown for fewer than 5 events.

Note 6: "Any Breastfeeding" includes those exclusively breastfeeding and those supplementing breastfeeding with formula. "Exclusive Breastfeeding" includes those who breastfeed only.

Note 7: Breastfeeding initiation rates vary widely by maternal characteristics. Data presented in these tables are not risk adjusted. Comparisons between facilities or among geographic locations should be made cautiously.

Note 8: The data used to develop these tables are from the California Newborn Screening Program database of the Genetic Disease Branch. All nonmilitary hospitals are required to complete the Newborn Screening Test Form (DHS 4409) prior to an infant's discharge. Upon completing the form, staff must select one of the following five categories describing 'all feedings since birth' (not including water feedings): (1) Breast only; (2) Formula only; (3) Breast and Formula; (4) TPN/Hypertal and (5) Other.

Note 9: The denominator used to compute the percent any and percent exclusive breastfeeding data is "Total Known Feeding". Births with missing or unknown method of feeding are excluded. In 2004, 2.78% of all births in California had missing or unknown feeding data.